

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

ALAMEDA COUNTY TREASURER

1221 OAK STREET

OAKLAND CA

94612

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.03911790

Gross Claim	\$	1,409,796.86
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,409,796.86
YTD Amount:	\$	6,362,261.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
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ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00010613

Gross Claim	\$	3,824.89
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,824.89
YTD Amount:	\$	17,260.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
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AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00132860

Gross Claim	\$	47,882.33
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	47,882.33
YTD Amount:	\$	216,087.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
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BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00893807

Gross Claim	\$	322,125.24
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	322,125.24
YTD Amount:	\$	1,453,716.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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REMITTANCE ADVICE

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CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00136296

Gross Claim	\$	49,120.65
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	49,120.65
YTD Amount:	\$	221,677.18

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REMITTANCE ADVICE

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COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00106887

Gross Claim	\$	38,521.74
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	38,521.74
YTD Amount:	\$	173,844.94

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CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.02011996

Gross Claim	\$	725,117.05
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	725,117.05
YTD Amount:	\$	3,272,374.37

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DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00127154

Gross Claim	\$	45,825.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	45,825.90
YTD Amount:	\$	206,807.09

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EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00494732

Gross Claim	\$	178,299.86
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	178,299.86
YTD Amount:	\$	804,647.87

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FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.02544470

Gross Claim	\$	917,019.01
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	917,019.01
YTD Amount:	\$	4,138,407.28

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GLENN COUNTY TREASURER

P O BOX 151

WILLOWS CA

95988

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00122313

Gross Claim	\$	44,081.22
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	44,081.22
YTD Amount:	\$	198,933.75

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HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00862800

Gross Claim	\$	310,950.42
County Medical Services Program Offset	\$	33,909.47
Net Claim / Payment Amount	\$	277,040.95
YTD Amount:	\$	1,350,661.68

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IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00880355

Gross Claim	\$	317,277.18
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	317,277.18
YTD Amount:	\$	1,431,838.67

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00165903

Gross Claim	\$	59,790.92
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	59,790.92
YTD Amount:	\$	269,829.92

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KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.01721220

Gross Claim	\$	620,322.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	620,322.29
YTD Amount:	\$	2,799,446.24

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KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00445853

Gross Claim	\$	160,684.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	160,684.02
YTD Amount:	\$	725,148.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00199460

Gross Claim	\$	71,884.76
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	71,884.76
YTD Amount:	\$	324,408.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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REMITTANCE ADVICE

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LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00134019

Gross Claim	\$	48,300.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	48,300.03
YTD Amount:	\$	217,972.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

LOS ANGELES COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.31055682

Gross Claim	\$	11,192,370.46
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	11,192,370.46
YTD Amount:	\$	50,509,951.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA

95812 1859

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00444444

Gross Claim	\$	160,176.22
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	160,176.22
YTD Amount:	\$	722,857.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00978123

Gross Claim	\$	352,512.46
County Medical Services Program Offset	\$	18,418.22
Net Claim / Payment Amount	\$	334,094.24
YTD Amount:	\$	1,571,525.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00071281

Gross Claim	\$	25,689.45
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	25,689.45
YTD Amount:	\$	115,933.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00285164

Gross Claim	\$	102,772.21
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	102,772.21
YTD Amount:	\$	463,799.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
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MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00629714

Gross Claim	\$	226,946.95
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	226,946.95
YTD Amount:	\$	1,024,186.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00079120

Gross Claim	\$	28,514.60
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	28,514.60
YTD Amount:	\$	128,684.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00114139

Gross Claim	\$	41,135.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	41,135.34
YTD Amount:	\$	185,639.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00812079

Gross Claim	\$	292,670.73
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	292,670.73
YTD Amount:	\$	1,320,791.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00419176

Gross Claim	\$	151,069.72
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	151,069.72
YTD Amount:	\$	681,762.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA 95959

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00269975

Gross Claim	\$	97,298.14
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	97,298.14
YTD Amount:	\$	439,095.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.06443975

Gross Claim	\$	2,322,388.40
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,322,388.40
YTD Amount:	\$	10,480,686.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00380643

Gross Claim	\$	137,182.54
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	137,182.54
YTD Amount:	\$	619,088.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00113417

Gross Claim	\$	40,875.13
County Medical Services Program Offset	\$	5,027.43
Net Claim / Payment Amount	\$	35,847.70
YTD Amount:	\$	176,395.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.03289207

Gross Claim	\$	1,185,419.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,185,419.90
YTD Amount:	\$	5,349,670.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.03445504

Gross Claim	\$	1,241,748.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,241,748.84
YTD Amount:	\$	5,603,877.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00159150

Gross Claim	\$	57,357.16
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	57,357.16
YTD Amount:	\$	258,847.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

SAN BERNARDINO COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.03996868

Gross Claim	\$	1,440,458.70
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,440,458.70
YTD Amount:	\$	6,500,633.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

SAN DIEGO COUNTY TREASURER

PO BOX 2920

SACRAMENTO CA 95812 2920

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.07799922

Gross Claim	\$	2,811,067.45
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,811,067.45
YTD Amount:	\$	12,686,041.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

98514-2920

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.05924516

Gross Claim	\$	2,135,177.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,135,177.00
YTD Amount:	\$	9,635,821.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.01529154

Gross Claim	\$	551,102.31
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	551,102.31
YTD Amount:	\$	2,487,064.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00459189

Gross Claim	\$	165,490.28
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	165,490.28
YTD Amount:	\$	746,839.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.01397274

Gross Claim	\$	503,573.17
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	503,573.17
YTD Amount:	\$	2,272,570.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00838718

Gross Claim	\$	302,271.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	302,271.34
YTD Amount:	\$	1,364,117.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.03392573

Gross Claim	\$	1,222,672.68
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,222,672.68
YTD Amount:	\$	5,517,788.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00556854

Gross Claim	\$	200,688.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	200,688.44
YTD Amount:	\$	905,685.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00771515

Gross Claim	\$	278,051.59
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	278,051.59
YTD Amount:	\$	1,254,816.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00026776

Gross Claim	\$	9,649.99
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	9,649.99
YTD Amount:	\$	43,548.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00208334

Gross Claim	\$	75,082.92
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	75,082.92
YTD Amount:	\$	338,841.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.01114865

Gross Claim	\$	401,793.85
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	401,793.85
YTD Amount:	\$	1,813,251.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.01734411

Gross Claim	\$	625,076.29
County Medical Services Program Offset	\$	33,426.43
Net Claim / Payment Amount	\$	591,649.86
YTD Amount:	\$	2,783,884.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.01168672

Gross Claim	\$	421,185.73
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	421,185.73
YTD Amount:	\$	1,900,765.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

SUTTER COUNTY TREASURER
PO BOX 546

YUBA CITY CA 95992

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00403600

Gross Claim	\$	145,456.18
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	145,456.18
YTD Amount:	\$	656,427.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00274331

Gross Claim	\$	98,868.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	98,868.03
YTD Amount:	\$	446,180.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA

96093 1297

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00117460

Gross Claim	\$	42,332.22
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	42,332.22
YTD Amount:	\$	191,040.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.01120899

Gross Claim	\$	403,968.49
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	403,968.49
YTD Amount:	\$	1,823,065.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00211074

Gross Claim	\$	76,070.41
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	76,070.41
YTD Amount:	\$	343,297.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.01334317

Gross Claim	\$	480,883.67
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	480,883.67
YTD Amount:	\$	2,170,175.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00370281

Gross Claim	\$	133,448.11
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	133,448.11
YTD Amount:	\$	602,236.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00354044

Gross Claim	\$	127,596.35
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	127,596.35
YTD Amount:	\$	575,828.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00143778

Gross Claim	\$	51,817.14
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	51,817.14
YTD Amount:	\$	233,845.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA 90802

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00644648

Gross Claim	\$	232,329.12
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	232,329.12
YTD Amount:	\$	1,048,476.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000165A
PAYMENT ISSUE DATE: 2/25/2011

PASADENA CITY TREASURER
PO BOX 7115

PASADENA CA 91109 7215

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$36,039,686.62	County/City Ratio:	0.00212606

Gross Claim	\$	76,622.54
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	76,622.54
YTD Amount:	\$	345,789.70